REGISTRAR'S

SIGNATURE

FUNERAL DIRECTOR

ADDRESS

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DATE REC'D BY LOCAL

REGISTRAR



BUREAU V. S.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1236? CERTIFICATE OF DEATH

12349

Item 7, FilmGl90 12-23-55 et	Reg. Dist. No. 290
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY TOLLOT HANYLAND	STATE MC COUNTY COOL
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give neerest town)
OR and give neerest lown) (in this place)	TOWN STATE PONCE
HOSPITAL OR	STREET (If rural give location)
Sostret Address Me Morial Hospital	ADDRESS
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) (In nie	INTERIOR DEATH DOCALIDER 5 1055
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE O	F BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 I
(Specify) Widowed 31700	TK 1 20 1873 & 2) yrs. Months Days Hours M
104. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS)	11. BIRTHPLACE (Siete or foreign country) 12. CITIZEN OF WHAT
done during most of working life, evan H OR INDUSTRY retired)	Maruland (150
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Liliry Zinel	Jane o Ohijue
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	I T, INFORMANT & ADDRESS
(Yes, no, or unk.) (II Yes, give wer or detes of service)	m Tomay Parter Son
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE IN MYOCOSTIO	Interction
ANTECEDENT CAUSE(S) DUE TO PURTY INVOIDED	incelantia dans
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) A Y CAN' SILVEY COST	ic justice justice.
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
190, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc.) (FEITHER, NOTIFY MEDICAL EXAMINER)	21c, WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yaer) (Hour) 21e. INJURY OCCURRED While Not white at work	211. HOW DID INJURY OCCUR?
22. 1 hereby partity har happended the deceased from	, 19, that I last saw the decease
SIGNATURE	ADDRESS (Street, city, town, state) PATE SIGN
Clother M.D.	Coolin Odle 1953
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State
16. 11/10-10-10-10	mitten Chestertown Maryland
24. REC'D BY REGISTRAR CREGISTRAR'S SIGNATURE	25 PUNERAY DIRECTOR'S SIGNATURE ADDRESS
DATE 12/7/55 16A- newell	Marin V. William. Chestater ind

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MARGIN RESERVED FOR BINDING

12368 CERTIFIC	CATE OF DEATH Reg. Dist. No. 290
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Talbat MARYLAND	STATE MD COUNTY Talhot
CITY (If outside corporate limits, write RURAL, LENGTH O	
OR and give nearest town)	TOWN DC
HOSPITAL OR	STREET (If rural give location)
STREET ADDRESS 123 Social St	ADDRESS 123 LOGUST
NAME OF (First) (Middle) DECEASED: (Type or Print)	Beamus A. DATE (Month) (Day) (Year)
SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8 RACE: WIDOWED, DIVORCED. (Specify): () h C	
. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSH	1/00/1/100
work done during most of working life. or INDUSTRY:	c maryland W.S.A.
FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Beamus	Mary Hicks
WAS DECEASED EVER IN U.S. ARMED FORCES! IS. SOCIAL SECURITY	No. 17. INFORMANT & ADDRESS:
'es, no, or unk.) (If Yes, give war or dates of service)	Remand Maore Fearton, Ind.
18. MEDICAL GER	THE STATE OF THE S
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	ONSET AND DEATH
IMMEDIATE CAUSE (A)	remone of level 14lar
ANTECEDENT CAUSE (S)	
ISEASES OR CONDITIONS, IF ANY, (B)	V V
SIVING RISE TO THE ABOVE CAUSE DUE TO	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	TRATION
18/5/55 Ca of Car	Squamous call 20. AUTOPSY?
IA. ACCIDENT WAS UNDERLYING 218. CACE (Home, for CONTRIBUTING CAUSE OF DEATH OF INJURY street, off	arm, factory. lee bldg., etc. INJURY OCCUR? (City or town) (County) (State)
D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OC While Not wat work at work	white []
I hereby certify that I attended the deceased from	8/5/33, 19, to /2/17., 19.5 That I last saw the deceased
10 / 10	1 / 1 4
alive on (R) 19.33, and that death occursionature	rred at .A. M, from the causes and on the date stated above. ADDRESS DATE SIGNED
	CEMETERY OR CREMATORY LOCATION (City, town, or county) State
Bund 12/22/55 Rich	nards Pem Excton, PaD.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	4. FUNERAL DIRECTOR ADDRESS
REGISTRAR	. Jane Man 1 . 10 Bot 10 d

BUREAU V. S.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12369 CERTIFICATE OF DEATH

12351

Reg. Dist. No. 290

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Talbot MARYLAND	STATE ON D COUNTY + a/ ba+
CITY (If outside corporate lights, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (N outside corporate limits, write RURAL and give nearest town) OR
40 TOWN Easton Lite	TOWN Easton 40
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
00 STREET ADDRESS 202 Port st	4210 Dover St.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Sherv E Bex	DEATH 12 1 19 50
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE OF	F BIRTH 9. AGE last birthdey IF UNDER 1 YEAR IF UNDER 24 HRS.
Female Co (Specify) Single 9/1	12 S yes. Months Days Hours Min.
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
retired)	Marxland Country?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wendell Bently	Elaine taylor
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or dates of service)	Mrs Eleve Fanten
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
762,0 IMMEDIATE CAUSE (A) Costaly	10
ANTECEDENT CAUSE(S) DUE TO	1-201-110
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST, DUE TO	
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory,	TIC. WHERE DID INJURY OCCUR? (City or lown) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M. at work al work	
22. I hereby certify that I attended the deceased from 12.11	19 15 5 to 12/1 1965 that I last saw the deceased
alive on J2/1	
SIGNATURE JOT MI	ADDRESS (Street, city, town, slete) DATE SIGNED
raymony, your M.D.	6330 Lorge + rasing 12 15
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)
sund 12/7/55 Tuchord	- Cem Gaston, md. 08
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 0/5/55 /- JA-1/ectely	James & Carluel Easter, ma
4095192405	

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VS A15C 1-55 10M

12370 CERTIFICATE OF DEATH

Reg. Dist. No. 29

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY +2/bo+ MARYLAND	STATE MD COUNTY + 3/60+
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL end give neerest town)
OR end_give neerest toyin) (in this place)	OR CONTRACTOR OF THE PROPERTY
45 TOWN Easton Life	737071
HOSPITAL OR INSTITUTION OR //	STREET (If rural give location) ADDRESS 1 /
OD STREET ADDRESS Hammend St	Hammond
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) John Westley 5/20	CKSON DEATH Whee 3 1005
S. SEX 6. COLOR OR 7. SINGLE, MARRIED 8. DATE OF	
Male Col (Spacify) Married 6/1	15/76 79 yrs. Months Days Hours Min.
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) ADDOY Chre Do Mest	Maryland
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
John W. Johnson	Mary Chille
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of service)	
18. MEDICAL CER	TIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
177X IMMEDIATE CAUSE (A) Larcina	mana II martale flend 1-2 Keans
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	V V
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
(C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19%, DATE OF OPERATION 19%, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO L
21b. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, form, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY straet, office bidg., atc.) (IF ETHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (Stele)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED	ZII. HOW DID INJURY OCCUR?
M. et work at work	4
and the second of the second o	10 1/2 10 /1/1 P 7 10 / 2 10 / 2 10 / 10 1 lot on the decorate
	19.55, to
	A.M. from the causes and on the date stated above. 12/5/00
SIGNATURE	ADDRESS (Street, city, town, state) DATE/SIGNED
Hayward HVM M.D.	633 MAROT, COSHN 14
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
13/10/55 Rules	a len. Coston und.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE / 2 - 5-55 M. H. Neury 1)	Came Da Sue DE atom ma.

TARYAND SYAYS DEPARTMENT OF PERAMER-WATER STAYS OF ALL

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12353

12371 CERTIFICATE OF DEATH

Reg. Dist. No. 295.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Talbet MARYLAND	STATE Md. COUNTY Talbet
CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	TOWN Easten Rural x
HOSPITAL OR	STREET (If rural give location)
STREET ADDRESS Memerial Hespital	ADDRESS
DECEASED	(Last) 4. DATE (Month) (Day) (Year) OF Dec. 2 56
(Type or Print) Thomas Elwood Blades	DEATH: 19
5. SEX: [6. COLOR OR]7. SINGLE, MARRIED. 8. DATE RACE: WIDOWED, DIVORGED.	OF BIRTH: 9, AGE last birthday If UNDER I YEAR IF UNDER 24 MRS. Months Days Hours Min.
Male white (Specify) married July	3, 1920 35 yrs. Months Days Hours Min.
IDA USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, OR INDUSTRY;	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life. even if retired): St. Michaels Utilities - Linesman	an Caroline Co. Md.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
II. Wilson Blades	Florence Foster
Wm, Milton Blades	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service) World Warll 212 -18 - 6596	Clyde Blades Easten, Md.
yes of service) World Warlt 212 -16 - 6556	01,40 02440
18. MEDICAL CERTIFICAT	THE PROPERTY OF THE PROPERTY O
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONBET AND DEATH
8/9 XIMMEDIATE CAUSE (A) Thurth	relskeet - penetrating dromed
ANTECEDENT CAUSE (S)	reident
DISEASES OR CONDITIONS, IF ANY, (B) (B)	7000,411
STATING UNDERLYING CAUSE LAST.	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH,	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. Adibisty
	YES NO D
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR? (County) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	
OF INJURY / 2 SIE / PM. While at work at work	I Sass, in our which stuck tree
22. I hereby certify that I attended the deceased from .	. , 19 ., to, 19 . , that I last saw the deceased
alive on ,. 19 , and that death occurred at	. M, from the causes and on the date stated above.
SIGNATURE 02/01/11	ADDRESS DATE SIGNED
	.o. Enetin mi 12-3-5]
	ERY OR CREMATORY LOCATION (City, town, nr county) (State)
burial 12-5-55 Spring Hil	l Cemetery Easten, Talbet Md.
DATE REC'D BY LOCAL REGISTRAR'S STGNATURE	24. FUNERAL DIRECTOR ADDRESS
REGISTRARS / L-2	Maurice E. Newnam & Son Easton, Md.



12372

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

. PLACE OF DEATH	2. USUAL RESIDENCE (I	HOME) OF DECE	ASED.	7
COUNTY Talbot MARYLAND	STATE Maryla	nd	Queen'T	Anne
CITY (If outside corporate limits, write RHRAL and 1 LENGTH OF STAY 1)	CITY (If outside corpor	ate limits, write Ri	URAL and gl	e nearest town)
OR give nearest town). TOWN LASTON D.O.A.	OR TOWN Grasonville STREET (If rural, give location)			/ 1
HOSPITAL OR	STREET	(lf rural, gl	ve location)	
STREET ADDRESS Memorial Hospital	ADDRESS			***
S. NAME OF (First) (Middle) DECEASED	(Last)	4. DATE OF	(Month)	(Day) (Year) 14 195
(Type or Print) Bruce	Carter	DEATH		l year If under 24 hr
Male Col. (Specify) Infant	9-10-1955	4 month	Months	Days Hours Min
10m. USUAL OCCUPATION (Give kind of work done during most of working Bife, even if regired) industry	Maryland	1	1	2. CITIZEN OF WHAT COUNTRY! USA
13. PATHER'S NAME	14. MOTHER'S MAIDEN	NAME		
Welford Carter	Thelma Gray	7		
15. WAS DECRANED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND A			-
Is. MEDICAL CER I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Antecodous a record		debor	Pueu	INTERVAL BETWEE ONSET AND DEAT
IR. MEDICAL CERT. I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent c.use(8) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause tast (c) II. OTHER SIGNIFICANT CONDITIONS		Labor	Pueu	INTERVAL BETWEE ONSET AND DEAT
IR. MEDICAL CER I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent c.use(8) Diseases or conditions, if any, giving rise to the above cause stating the underlying ceuse tant (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		Labor	Pueu	INTERVAL BETWEE ONSET AND DEAT
IR. MEDICAL CERT. I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent c.use(8) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause tast (c) II. OTHER SIGNIFICANT CONDITIONS		Lobor	Pueu	INTERVAL BETWEE ONSET AND DEAT
IR. MEDICAL CER I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent c_use(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying ceuse tast (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Lobor	Pueu	ONSET AND DEATH
IR. MEDICAL CERT. I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent c.use(8) Disease or conditions, if any, giving rise to the above cause stating the underlying cause isnt (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. TAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS 1 PLACE (Home, Jarm, Instory, street,			(COUNTY	ONSET AND DEATH
IR. MEDICAL CERT. I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent c.use(8) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause iant (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. 1 AJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PLACE (Home, form, factory, street,	dead on a	TOWN)		ONSET AND DEATH

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. The bottom copy may be retained by the hospital or attending physician.

urs after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12355

12373 CERTIFICATE OF DEATH

Reg. Dist. No. 290.

مسل المحري			
COUNTY TO DOT	MARYLAND	STATE Marclandcounty	Tulpot
CITY (If autside corporete limits, write RURAL OR end orte naerest town)	LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and OR	give neerest town)
TOWN TUSTON	(in this plece)	TOWN EQSTON	•
HOSPITAL OR	11	STREET (If ruret give &	
INSTITUTION OR STREET ADDRESS IN P. MARKET	Hispital	ADDRESS 1 (1) CLIST	St
3. NAME OF (First)	(Middle)	(Last) 44 DATE (Month)	(Day) (Year)
DECEASED	1	// OF //	7 15/
(Type or Print) H5A	Co.	hee DEATH /2	18 1935
5. SEX 6. COLOR OR 7. SINGLE, RACE / WIDOWT	MARRIED 8. DATE		F UNDER 1 YEAR IF UNDER 24 HRS.
(Specify)	ye	C7, 1888 61 411.	Days Hall
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if	b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
retired Carpenter	SK INDOSKI	Md	(15/2
13. FATHER'S NAME	1	12. MOTHER'S MAIDEN NAME	777
Il hillians (In	here	Em. (11).11	1
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	I 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	<i>()</i>
(Yas, no, or unk.) (Il Yas, give wer or detes of service)		my days Or	200/
		1110 CV 14011	
# DISEASES OR CONDITIONS DIRECTLY LEADING TO D	EATH SEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
, IMMEDIATE CAUSE (A)	Muscelle	il h-fares	
0111 110	18/		
DISEASES OR CONDITIONS, IF ANY, (B)	(do-on	Eliner our.	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		1900-1900-1900-1900-1900-1900-1900-1900	
(C)			
TO THE DEATH BUT NOT RELATED TO THE			
D.SEASE OR CONDITION CAUSING DEATH.			
198. DATE OF OPERATION 196, MAJOR FIND	DINGS OF OPERATION		20. AUTOPSY?
			YES NO
	(Home, farm, fectory, ilreet, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town)	(County) (State)
21d TIME OF INJURY (Month) (Dey) (Year) (Hour)	21e, INJURY OCCURRED While Mot while	21f. HOW DID INJURY OCCUR?	
, M.	el work el work		
22. I hereby certify that I attended the	decease	, 19 10	that I last saw the deceased
10 77 7 10 10 10 10 10 10 10 10 10 10 10 10 10	170	t	
SIGNATURE AND A LO	/	ADDRESS (Street, city, town, s	
C WAT IN	M.D.	Contar	10 day 1950
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY/OR	CREAKATORY LOCATION ICITY, town, o	r county) / (State) /
SEMONOLOGY /2/20/50	s spring He	I Clinitly Easton Tax	Eb44) Med.
24. REC'D BY REGISTRAR REGISTRAR'S SIGN	PHIRE	25. HUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE /2 -20-53 NJA	, perus	Maurice C Mewor	and wan-

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LIN, TON	10	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 9, FilmG191 1-11-55 et	12358
V. WW.	F	CERTIFICATE OF DEATH Reg. Dist	. No. 290
KV	ally ly.	1 PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASE	7
The fire	carefull legibly.	ithe date let	bot!
The state of the s		CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL)	and give nearest town)
16//1	tion and	Town Exercise (will fell town town (Kural)	
	information	HOSPITAL OR INSTITUTION OR MEMORIAL HOSPITAL ADDRESS ROAL INTURAL RIVE TO THE INSTITUTION OR STREET ADDRESS PROPERTY ADDRESS	
	em of in death c	3. NAME OF C' (First) (Middle) (Last) 4. DATE (Month) (DECEASED: (Type or Print) (ALL Humas Tostu 2 DEATH) (C)	Day) (Year) 4 19 5 5
	of of	5. SEX. 6 COLOR OR 7. SINGLE. MARRIED, 8 DATE OF BIRTH: 9 AGE last birthday is under	
I	every	10A USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. work done during most of working life. even if retirology and working life.	CITIZEN OF WHAT
- ia	Supply te the c	13. FATHER'S WAYER 14. MOTHER'S MAIDEN WAME!	
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FOR 1	K. wri	(Yes, no, or unk.) (If Yes, give war or dates of service) of service) (Later of service)	Tuel)
	5 g	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
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	AINLY, importa	DISEASE OR CONDITION CAUSING DEATH	
	3		20. AUTOPSY?
	WRITE PI especially	21A. ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, factory or contributing Cause of Death of Injury street, office bldg., etc. Injury occur? (Countification, Notify Medical Examiner)	ty) (State)
49	VRI	21D. TIME (Month) (Day) (Year) (Hour) 21E MJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
	R V	Dec 24 1953 M. at work at work	
	E O	22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last	saw the deceased
1 1	_ ^	alive on 6 197 -, and that death occurred at M, from the causes and on the date	
- 10		The Kumer 46. M.D. Ecolis 20 20	re signed
A15 —	EAS	23. BYRIAL, CREMATION. DATE THEREOF, NAME OF CEMETERY OF CREMATORY LOCATION ICID, Town, or During will Eurolly Easter with	
V.S.	PL	DATE REC'D BY LOCAL RECHSTRARY SIGNATURE, 24 FUNERAL DIRECTOR REGISTRAR 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Eslou no

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12378 CERTIFICATE OF DEATH

Easten, Md.

1,000 0371222 20122	Total Dist. No. 0 - 1
I. PLACE OF DEATH.	2 USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Talbet MARYLAND	STATE Md. COUNTY Talbot
CITY (if outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY: If outside corporate limits, write RURAL and give nearest tow
HOSPITAL OR	STREET (If rural give location)
STREET ADDRESS Memerial Hospital	ADDRESS
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Harry Parkes	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: Dec. 24 19 55
	OF BIRTH: 9. AGE last birthday IF UNDER 1 VEAR IF UNDER 24 HAS
MAGE: WIDOWED, DIVORCED,	e 2, 1933 22 yrs. Months Days Hours Min
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): labor farm labor	Talbot Co. Md. 12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William T. Harris	Sallie R. Parks
S. WAS DECEASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service) 214-32-6400	Mrs. Sallie R. Parks Harris Trappe,
18. MEDICAL CERTIFICA I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	WILLIAMS BETWEE
PA FM	ONSET AND DEAT
IMMEDIATE CAUSE (A)	in lamage Timelo
ANTECEDENT CAUSE (8)	la Skell
DISEASES OR CONDITIONS, IF ANY, (B)	loc S Kell
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of the property of the place of the	ctory. 21c. WHERE DID (City or town) (County) (State)
21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while	
Ree 24 1957 M. at work at work	TI Aub
22. I hereby certify that I attended the deceased from	, 19 , to , 19 , that I last saw the decease
SIGNATURE	M.D. FADDRESS 22 22 22 88
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, or county) (State
burial 12-27-55 Windy Hi	ll Cemetery Trappe, Talbet Maryland.
DATE REC'D BY LOCAL BESISTRATS SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REGISTRAR 261-2	Maurice E. Newnam & Son Easton, Md.

VS. A15-10-53

PLEASE TYPE

OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. SUNERAL DIRECTOR'S SIGNATURE ADDRESS	24. REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

BUREAU V. S.

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MARYLAND STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18	12594
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	12000	CERTIFICATE	OF DEATH	Reg. Dist. No. 2 90
1.	PLACE OF DEATH:		*· A	(HOME) OF DECEASED:
	COUNTY / Q / DG /	MARYLAND	STATE Marg	GACOUNTY /a DOT
	OR and give nearest town) TOWN (If outside corporate limits, write town) TOWN	RURAL LENGTH OF STAY (in this place)	■R	te ilinits, write RURAL and give nearest town)
	HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORICA	1 Hospital	STREET ADDRESS	(If rural give location)
3.	NAME OF (First) DECEASED: (Type or Print) Sample	Joseph Ho	p Kins	DATE (Month) (Day) (Year) OF DEATH: /2 3/ 1955
	The RACE: WIDOW (Specify	Jept.	12 1870 8	isst birthday IF UNDER I VEAR IF UNDER 24 MRs. Months Days Hours Min.
IOA	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired);	OR INDUSTRY:	11. BIRTHPLACE (State o	r foreign country): 12. CITIZEN OF WHAT COUNTRY!

	1/10/7/49a	43 4
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Mr. William Hopkins	* Unknown	
(Yes, no. or unk.) (If Yes, give war or dates	17 INFORMANT & ADDRESS:	1.7.

MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH MMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.

(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION

16.

OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour)

OF INJURY

21A ACCIDENT WAS UNDERLYING [

at work 22. I hereby certify that I attended the deceased from

alive on and that death occurred at SIGNATURE DATE

M. D NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE SIGNED

INTERVAL BETWEEN

20. AUTOPSY? NO

(State)

(County)

While

Not while at work

218 PLACE (Home, farm, factory,

21E INJURY OCCURRED

21c. WHERE DID (City or town)

2 IF. HOW DID INJURY OCCUR?

INJURY OCCURT

, 1950, that I last saw the deceased M, from the causes and on the date stated above.

ADDRESS

LOCALS REGISTRAR

SIGNATURE

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ATTENDING PHY CLAN OR HOSPITAL: The law requires that the death-estiticate be The bottom copy may be retained by the hospital or attending physician.

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executed within

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 12, Film G190, 12/12/55 bh 2398 CERTIFICATE OF DEATH . 12398

MARYLAND STATE DEPARTMEN Item 12, Film G19	NT OF HEALTH-BALTIMORE, 18		
. 12398 CERTIFICATE			
COUNTY ALBOT MARYLAND CITY (If outside corporate timits, write RURAL OR and give fieabest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	STATE STATE TOWN STREET ADDRESS STATE TOWN STREET ADDRESS STATE STREET ADDRESS STATE TOWN STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS COUNTY C		
3. NAME OF DECEASED (First) (Middle) (Type or Print) 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) (Specify)	F BIRTH 9. AGE last birthdey Whom the part of the pa		
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if or industry) 13. FATHER'S NAME Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or detes of service) 16. SOCIAL SECURITY NO. 16. MEDICAL CER'	11. BIRTHPLACE (State or loreign country) Unknown 14. MOTHER'S MAIDEN NAME		
Unknown	Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (11 Yes, give wer or detes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 18. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 19			
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO STATING UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES □ NO [
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OF INJURY street, office bidg., etc.)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED White Not white at work	RIF. HOW DID INJURY OCCUR?		
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED Month of work at work. 22. I hereby certify that I attended the deceased from and that death occurred at SIGNATURE 23. BURIAL CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR (Anatomy)	ADDRESS (Street, city, town, state) ADDRESS (Street, city, town, state) DATE SIGN CREMATORY LOCATION (City, town, or county) (Steet)		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE DAPE. U	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 12399

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RURAL	ive location)	
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/	INTERVAL BETWEEN	
11 - 1	ONSET AND DEATH	
it Tho whomb	Transle (/10	
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	20. AUTOPSY?	
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NJURY OCCUR?		
, to, 19.	, that I last saw the deceased	
from the causes and on the	date stated above.	
ADDRESS (Street, city, to	vn, state) / DATE SIGNED	
(mentin)	nd 12-2005	
LOCATION (City, toy	vn. or souply) (State)	
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· Toperson	ile shetst MH	
DIRECTOR'S SIGNATURE	ADDRESS	
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	nd:	

	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY TALBOT. MARYLAND	STATE MD COUNTY TALBOT
CITY (If outside Corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporete limits, write RURAL end give neerest town)
TOWN EASTON - PURAL WULS	TOWN FASTEN.
HOSPITAL OR	STREET (It rure) give location)
INSTITUTION OR STREET ADDRESS	ADDRESS RURAL.
S. NAME OF DECEASED (First) NANIE JOHNSO	(Lest) 4. DATE (Month) (Day) (Yeer) OF DEATH) EC. 15 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C WIDOWED, DIVORCED, (Specify) 5 / N. R/E MAR	OF BIRTH 9. AGE lest birthrdey IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Siete or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
I lace. Johnson.	There Copper.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detas of service)	There Ethel Ikonne, Lector
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET, AND DEATH
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ANTECEDENT CALLEGES DUE TO	
OISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE DUE TO	
(¢)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING 21c CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) [Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Month at work at work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1. 1. 22	7, 19, to, 19, that I last saw the deceased
alive on 19 and that death occurred at	
SIGNATURE DILLET	ADDRESS (Street, city, town, state) DATE SIGNED
Lemis! Melly M.O.	1112 hoten md 12-2003
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY (City, town, or county) (Spate)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 12-18-55 M.A. Neurus)	Thouse & Kennew Jon K. In

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WRITE PLAINLY,

TYPE

PLEASE

Supply every item of information carefully.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12363

12381 CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
Talket	STATE MAUSLING COUNTY CAROLLING		
COUNTY AUGO MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY			
OR and give nearest town)	OR A		
TOWN Exited Mel 48 days	TOWN Federalehung Md.		
HOSPITAL OR	STREET (If /Furst give location)		
INSTITUTION OR THE AMERICAN THE	ADDRESS 323 6 1/1		
STREET ADDRESS PORTO1 MEMORIAL RESPITAL	323 Duena Viata are.,		
	(Last) 4. DATE (Month) (Day) (Year)		
DECEASED:	OF 12 27 10 55		
(Type or Print) (10) 5. SEX- 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 4 9. AGE last birthday IF UNDER 1 VEAR IF UNDER 24 MES		
PACE WIDOWED DIVORCED .	OF BIRTH: 4 9. AGE last birthday		
Female White (Specify) widow of March	25, 18 19 16 yrs. 100118 100118 100118		
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT		
work done during most of working life, or INDUSTRY:	COUNTRY		
N.W. 1	Manflend USA.		
13 FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
I was Michely	Martha, Makerya		
IS WAR DECEASED EVER IN U.S. ARMED FORGERT IN SPICIAL SECURITY NO.	17. INFORMANT & ADDRESS:		
(Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:		
of service)	M. Harvey & shorey Tedersteling (M)		
18. MEDICAL CERTIFICAT			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH		
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IMMEDIATE CAUSE (A) Mollythal (18thulton) DUE TO N			
STATING UNDERLYING CAUSE LAST.			
(C)			
IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH.			
19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTO			
	YES, NO		
214 ACCIDENT WAS UNDERLYING TO 218 PLACE (Home, farm, fac	story, 21c. WHERE DID (City or town) (County) (State)		
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?			
(IF EITHER, NOTIFY MEDICAL EXAMINER)			
215. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY			
OF INJURY While Not while at work at work			
22. I feeeby certify that Lattended the deceased from // //	The state of the s		
any on 1777 (19), and that death occurred at 12 . M. from the causes and on the date st			
ADDRESS DATE SI			
I VISHEN TO	1.0. Costan 3/ Ale/455		
	ERY OR CREMATORY LOCATION (City, town, or county) (State)		
REMOVAL (SPECIFY)			
Burney 1/30/35 Hillorest	Cometing, Dederdeburg, mg.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE,	24 FUNERAL DIRECTOR ADDRESS		
REGISTRAR	A will object to the will be and		

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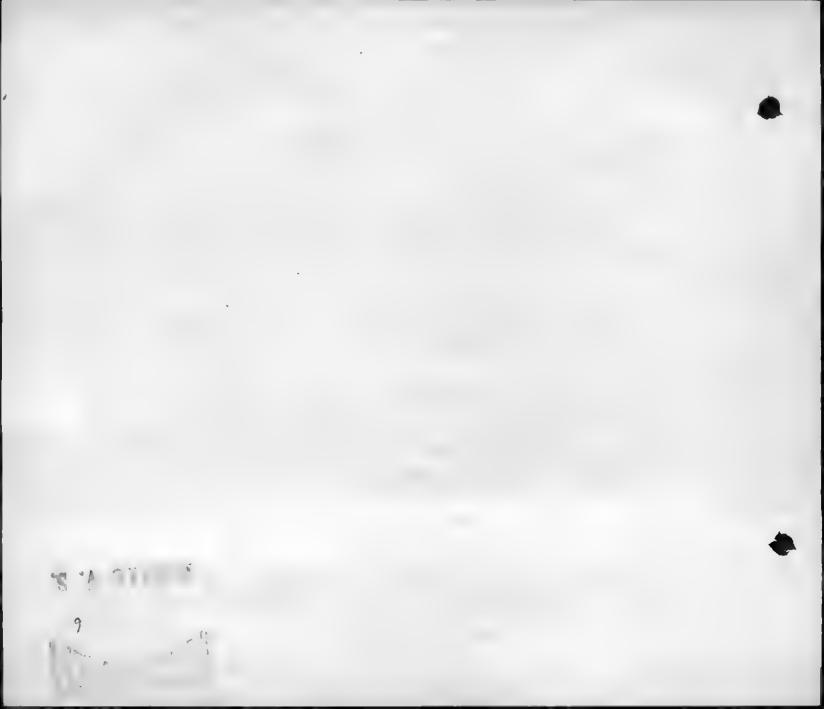
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Supply every item of information-catafully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12364 12382 CERTIFICATE OF DEATH Reg. Dist. No. 290

ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
ibly	TO DE	STATE Md, COUNTY Tulbut
ā.	COUNTY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
p	OR and give nearest town) (in this place)	OR A SALE
	TOWN Faston Nd. 3 days	TOWN Royal Oak, Md
<u>></u>	HOSPITAL OR INSTITUTION OR A	STREET (If rural give location)
mlemrly	STREET ADDRESS // Coround Hosp	,
	3. NAME OF (First) (Middle)	(Dast) 4. DATE (Month) (Day) (Year)
무	DECEASED:	OF 2 21/ 15-
death	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8 DATE	OF/BIRTH: 9. AGE last birthday is under 1 year is under 24 Hea
of d	RACE: WIDOWED DIVORCED 1 2	
	Tenale White I specify: Dingle June	yrs.
causes	10A. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS work done during most of working life.) OR (NDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
ne:	even if retired):	Mayland 7182
	13. FATHER'S NAME:	14 MOTHER'S MAIDER NAME:
the	morning of the	Maria & Donal Ferration
write	VIA JUGARS REGIAND	Thoughten thing of
W.L.	18. WAS DECEASED EVER IN U.S. ARMED FORCES: 18. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
	of service)	mrs mirian Erguson, neice)
lease	18. MEDICAL CERTIFICAT	ION Royal Oak, not - INTERVAL BETWEEN
1	IT DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	21	ofleing & days
n.s	IMMEDIATE CAUSE (A)	J. J. J.
Physicians	ANTECEDENT CAUSE (8'	1/1/
ysı	DISEASES OR CONDITIONS, IF ANY, (B)	<u></u>
2	STATING UNDERLYING CAUSE LAST. DUE TO	
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important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ort	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
ďu	194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
Ę.		YES NO DA
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ecially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (if either, notify medical examiner)	tory. 21c. WHERE DID (City or town) (County) (State)
espi	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	OF INJURY While Not while at work at work	
(D)		13 1055
22. I hereby certify that I attended the deceased from /2/2//, 1955, to /2/2/4, 1955, that I last say		
CG CG	alive on 13/24/ , 1954, and that death occurred at	M, from the causes and on the date stated above.
ect	SIGNATURE /	ADDRESS DATE SIGNED
correct	M	. D. San
S	23 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, or county) (State)
	12/26/55 Skrugh	Il Cemetry Easton, And
	DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE	1/24. FUNERAL/DIRECTOR, ADDRESS
	REGISTRAR 19 01-41 10 1 how	Hampeton Harrison, St. Michaele
	10.03.500	ma



12393

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
MARYLAND MARYLAND	MIHT gland another
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town) OR
TOWN or give nearest towal Asian This place)	TOWN Werkon
HOSPITAL OR	STREET C (If rural give-location)
INSTITUTION OR STREET ADDRESS WE COUNTY	ADDRESS Secund
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED FOR THE PROPERTY OF T	Mossife / DEATH /2 2/ 1957
(Type or Print) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs
WIDOWED, DIVORCED;	Months Days Hours Min.
(Specify) W HKKES	11. BIRTHPLAGE (State or foreign country) 12. Citizen of What
10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business on done during most of working life, even if retired) INDUSTRY	Countrait
deffect yes	Mcaure aga
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME That Company
TARKY N. MairiKen	Justice KESE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	my Jesse Rhe Merriken
IR. MEDICAL CI	ERTIFICATION
L DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
L DISEASES OF CONDITIONS DIRECTLY LEAGUNG TO DEATH	011 0 - 11 1 01
Immediate cause (a) (etclica)	L Hemorthage Mach, 7/m-
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Antecedent cause(s)	round la work-
Diseases or conditions, if any, (b)	The state of the s
stating the underlying cause last	
(r)	
U. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY1
	Yes Cl. No X
21. EXTERNAL CAUSE WAS PLACE (Home, form, factory, street,	
PRIMARY FOR CONTRIBUTING OF office hidg., etc.) Home	- Senton Purling Med
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not while	Alex Lex Lexels Vislal
INJURY / L - 33 / Km. work at work	They see that
22. I certify that I took charge of the remains described above, held an .	Autopsy, Inspection X Inquiry X thereon and from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dec	reased died on the dry stafed obove, and death in my opinion resulted
from: noturol causes [3] accident [1], suicide [5], homicide [1]	undetermined (
SIGNATURE (Degree or title)	ADDRESS DATE BIGNED
SIGNATURE (Degree or title)	
Liceron O horge Mit Asker	Ly Wie de al Elaman Deulon und 12/24/53
21. HCRIAT. CREMATION PATE THEREOF NAME OF CAMETI	
21. HCRIAL. CREMATION PATE THEREOF NAME OF CAMETE BEMOVAL-Specify) 124.24.1455	ADDRESS Tylighte of Element Deuton Ind 17/24/55 ENY OR CREMATORY LOCATION (Chy, town, or county) (State)
21. HCRIAT. CREMATION PATE THEREOF NAME OF CAMETI	Ly Wie de al Elaman Deulon und 12/24/53
21. HERIAL. CREMATION DATE THEREOF NAME OF CLASETY BÉMOVAL-ISPETIY) DATE REC'D BY LOCAL REGISTRAYS SIGNATURE	ADDRESS Tylighte of Element Deuton Und 17/24/55 ENY OR CREMATORY LOCATION (Chy, town, or county) (State)

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the muses of death clearly and legibly.

NIARGIN RESERVED FOR BINDING

OBAIBO SIL

BUREAU V. K.

72 hours after death. After this director, the third copy of this

the registrar within in by the funeral

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

ura after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12366

12394 CERTIFICATE OF DEATH

Reg. Dist. No. 90

		CC .
I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Tulfut MARYLAND	STATE Md. COUNTY Falbe	0+
C:TY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give neere:	st lown)
OR and give nearest town) TOWN Factor (in this place)	TOWN SAM M. I.A.	
HOSPITAL OR 15 TURNS	STREET (If rural give location)	
INSTITUTION OR 1	STREET (If rurel give location) ADDRESS	
STREET ADDRESS Easton Memorial Hosp,		
3. NAME OF (first) (Middls)	(Lest) 4. DATE (Month)	(Day) (Year)
(Type or Print) Tulia Laure	M: 1/ck DEATH 12 -	14 1055
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	F BIRTH 9. AGE lest birthday IF UNDER 1	
F RACE WIDOWED, DIVORCED, Specify Widow Dec 3	0 16/5 Months	Days Hours Min.
10n. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS		errizer, of helian
done during most of working life, even if / OR INDUSTRY/	12.	COUNTRY?
retired) - /Wrusewell	Sweden.	Sweden
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Hilldreinn	Martha Anderson.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. IDIFORMANT & ADDRESS	San 11
(Yas, no, or unk.) (If Yes, give war or dates of service)	Bealant allen	18110000
18. MEDICAL CER	TIFICATION AND STATE OF THE STA	MAN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	IIFICATION	ONSET AND DEATH
in & IMMEDIATE CAUSE (A) The contract	direct to the	1 stay
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DISEASES OR CONDITIONS, IF ANY, (B)	of the Commence of the	₹
STATING UNDERLYING CAUSE LAST. DUE TO		
(C)		
LI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
198, DAJE OF OPERATION 198, MAJOR FINDINGS OF OPERATION		20 AUTOPSY?
Ù		YES NO X
21a. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bldg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	PIC. WHERE DID INJURY OCCUR? (City or lown) (County	(State)
	21f. HOW DID INJURY OCCUR?	
M. While Not while at work the et work		
22. I hereby certify that I attended the deceased from	10574 - 12/11/ 20/70 -	
alive on	M, from the causes and on the date stated	
12 6	ADDRESS (Street, city, town, state)	DATE SIGNED
M.D.	forder in my	
23. BURNAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR 12/17/5'S AKA Jumble	y Cintly Location (City, town, or county)	of Till.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25.) FUNERAL DIRECTOR'S SIGNATURE AL	PORESS
DATE 12-17-55 124. /lerus	11 punce Cylinary It	201



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COUNTY

CITY

OR

TOWN

3. NAME OF

5. SEX

DECEASED

(Yes, no, or unk.) (If Yes, give war or dates of service)	Mes Ivanne Eason	Much
Ŧ 10	MEDICAL CERTIFICATION !	INTERVAL BETWEEN
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	E TO INTERNO-SCIENTIC DENT NE	user flars
ANNUAL DIAGRAGE THE ADDRESS CALLED	E TO	,
	C)	
II OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO TI DISEASE OR CONDITION CAUSING DEA	(E	
19a DATE OF OPERATION 19s. MAJOR F	INDINGS OF OPERATION	20. AUTOPSY?
	PLACE (Home, farm, factory, NJURY street, office bldg., etc. INJURY OCCUR?	(County) (State)
OF INJURY	21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
22. I hereby certify that I attended the	deceased from flac , 1953, to 12-29-, 1955, the	at I last saw the deceased
alive on Dec 29, 1955, and signature almald A. Ban	that death occurred at 7 AM, from the causes and on the causes are causes and on the causes and on the causes are causes and on the causes are causes.	DATE SIGNED /2-24-55
23. BURIAL, CREMATION, DATE THEREOF	- Leping Keely Cassion	, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE 22. FUNERAL DIRECTOR LIVE	au you

BULLIN V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Easten, Md.

12400 C	DERTIFICAT	E OF DEAT	'H Reg. Dis	st. No. 290.
1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECEAS	ED:
COUNTY Talbet	MARYLAND	STATE	d. COUNTY	Talbot
CITY (If outside corporate limits, write RU OR and give nearest town) TOWN Oxford	RAL LENGTH OF STAY (in this place)	CITY(If outside of OR TOWN	orporate limits, write RURAL Oxford	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS OXFOR		STREET ADDRESS	(If rural give location	1) /
3. NAME OF (First) DECEASED:	(Middle)	(Last)	OF _	(Day) (Year)
(Type or Print) Daniel 5. SEX: 6. COLOR OR 17. SINGLE. (- MA			20 19 55
NACE: WIDOWED), DIVORCED.	0, 1896	59 yra.	Days Hours Min.
work done during most of working life.	OR INDUSTRY:	Neb.	State or foreign country): 12	COUNTRY?
Mgr. Eastern Shore Utiliti	85	1 14. MOTHER'S MA	IDEN NAME:	U. S.
James Roach		Honora Cah		
	16. BOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) W # 1	216-07-7031	Mrs. Mabe	1 Reach Oxford, M	fd.
10	. MEDICAL CERTIFICA			INTERVAL DETWEEN
I DISEASES OR CONDITIONS DIRECTLY L				ONSET AND DEATH
11.00	BRONGHO	GENIC CARC	INDMA	6 mouth
DI	JE TO	SIZMI C	7.2	
ANTECEDENT CAUSE (8)				
COUNTY DICE TO THE ABOVE OFFICE	(B) JE TO			
	(c)			
II OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEA	ATH.			
194 DATE OF OPERATION: 198. MAJOR F	INDINGS OF OPERATIO	N		20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY atreet, office bldg., etc. 1NJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?				nty) (State)
OF TNJURY	21E INJURY OCCURRED While Not while at work	21F. HOW DID IN	JURY OCCUR?	
22. I hereby certify that I attended the	deceased from Au	9 , 1955, to J	RC: , 1958, that I las	at saw the deceased
alive on .12/19 , 1955, and that death occurred at 355 P.M. from the causes and on the date stated above.				
SIGNATURE Sheparo Kel Cer	- fr	ADDRESS Easton	A - A	12/21/51
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMET	ERY OR CREMATORY	LOCATION (City, town,	or county)/ (State)
Burial 12-23-55	0xford Ceme	etery	Oxford, Talbet	, Md.
DATE BECOD BY LOCAL BEGISTBARIS	CICNIATURE	1 24 SUNERAL DA		ADDRESS

Maurice E. Newman & Son

J. neuris

A15 VS. PLEASE TYPE OR

REGISTRAR

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING



BUREAU V. S.

A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

19200

12369

CERTIFICATE	OF DEATH
Item 7. Film@191 1-5-56 et	Reg. Dist. No. 2.90
I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY GOOD MARYLAND	STATE Mai county Caroline
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give neerest lown) 1 (in this place)	CITY (If outside corporete limits, write RURAL and give nearest town) OR
. TOWN EasTON 1-10 hrs.	TOWN Preston KTUM
HOSPITAL OR INSTITUTION OR O	STREET (il rural give location) ADDRESS
STREET ADDRESS // emorial (FOSpital	
3. NAME OF (First) (Middle)	(Lost) O (Month) (Dey) (Year)
Type or Print torest terdinand	NUSSE DEATH 12 15 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	F BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS
M (Specify) Sin, lc Feb.	21 1888 67 yrs. Months Deys Hours Min.
	11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY?
rollrad)	Massachusetts us4
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mr. Cleurae M. Kussell	Emma Gravic
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT & ADDRESS
(fes, no, or unk.) (If yes, give wet or detes of service)	MM KF Shooring
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN
. /	1 - 1/ at - 7 Q
- IMMEDIATE CAUSE (A)	to Horas Justure 3715
DISEASES OR CONDITIONS, IF ANY, (8)	C. Jul horneller kur 10 1842
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
(C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg, etc.)	Te. WHERE DID INJURY OCCUR? (Gity or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER,	
While _ Not while _	21f. HOW DID INJURY OCCUR?
M, et work L	
22. I hereby certify that I attended the deceased from	19 13 , to 11 , that I last saw the deceased
alive on 100 15 , 19.55, and that death occurred at	S. A.M. from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, town, stele) DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LICATION CONTROL (MILE)
REMOVAL ISSECTION, SATE THEREOF THAME OF CEMETERY OR	CREMATORY (Sole)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1 25 Shifted Directories Stories wine //
24. REC'D ST REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS



12370

(Year)

IF UNDER 24 HRS

Hours

NTERVAL BETWEEN

ONSET AND DEATH

YES ALMOPSY?

(Stete)

DATE BIGNED

ADDRESS

(State)

CITIZEN OF WHAT

COUNTRY? 3 A

19 O O

Min.

(Dey)

Days

12.



12338

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY TALLOT MARYLAND	THE MAN DULL COUNTY TO I but	
COUNTY MARYLAND CITY (If outside corporate kinnts, write RURAL LENGTH OF STAY	STATE // A IZ V LAZA / COUNTY CL but I CITY (If outside corporate limits, write RURAL and give nearest town)	
OR and give nearest town) . [in this place)	OR	
TOWN FACTORS OF MA	TOWN EASTON	
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR	ADDRESS (IT FORM GRAN IDEASON)	
STREET ADDRESS MOORESS MOOREST TO S D. Tal		
3. NAME OF (First) (Middle)	(Last) 4, DATE (Month) (Day) (Year)	
DECEASED.	OF	
(Type or Print) MARIAN VR Schuy Lee	DEATH /2 20 10 55	
5. SEX 1'6 COLOR OR 1 7. SINGLE, MARRIED, 1.8. DATE O	F BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.	
RACE WIDOWED, DIVORCED,	Months Days Hours Min.	
Lemake While (Specify) Provided Dans	1 10-4 1 5 125 1 1 1	
	11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT	
done during most of working life, even if OR INDUSTRY	COUNTRY?	
retired)	7/3/	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
2	A A	
Mr. Sidney Schuyter	Cora Andrews	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yas, nomer unk.) (If Yes, give wer or deter of service)	1 h A A	
4 100	Mus L. Kamery Speer Sc.	
18. MEDICAL CEN	TIFICATION // AS CLO THEN 73 J. NTERVAL BETWEEN	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH	
1 la Norman		
14.6 % IMMEDIATE CAUSE (A)		
ANTECEDENT CAUSE(S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, (B)		
GIVING RISE TO THE ABOVE CAUSE		
STATING CASE EAST.		
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE	1. 1 + 1.	
DISEASE OR CONDITION CAUSING DEATH.	my fundador	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
	YES DO NO	
216 ACCIDENT WAS UNDERLYING [] 216. PLACE (Home, farm, factory,	(County) (State)	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	tic. WHERE DID INJOK! OCCUR! (City of fowil) (County) (Signal)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	21f. HOW DID INJURY OCCUR?	
M. et work at work		
M. et work at work		
22. I hereby certify that I attended the deceased from	, 19, to	
	11 11 - a a	
alive on and that death occurred at	Hall. At My from the causes and on the date stated above.	
BIGNATURE / / / /	ABDRESS (Streat, city, town, state) CATE SIGNED	
Carteline M.D	CARLET 21) DECESS	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town ac country)		
REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town-oc county) (State)	
1410410 11112455 Rlader 10	NUCLOUISM CHAIRITHA	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	2S. FUNERAL DIRECTOR'S SCHATURE A ADDRESS	
1000 1515 700 700	150 1 1/10/ July 10 10 the	
DATE 12-22-55 11 H. // Letas 1	DULLA MAKEBILA FAMILIA	
	mai	

INSTRUCTIONS
The law requires that the death certificate be executed within

ours after death.

the registrar within 72 hours after death. After this is by the funeral director, the lifted copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHY (CIAN OR HOSPITAL: The faw requires that The bottom copy may be retained by the hospital or attending physician. TO ATTENDING PH

DECEINED.

BUREAU V. S.

DEC \$8 1822

(Day)

Days

(Year)

19 5

Hours

ONSET AND DEATH

20. AUTOPSYT

(County)

DATE SIGNED

NO X

(State)

COUNTRY

0

POINTING A. C.

The bottom copy

12390 CERTIFICATE OF DEATH

Reg.	Dist.	No.290

\$ £ _ 1	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
E 2 7	COUNTY TALBOT MARYLAND	STATE MD COUNTY, TALBOT
ctor, il	CITY (Il outside corporata limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give neerest fown)
	OR and give nearest town) TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	TOWN EDS TOU
4.12	HOSPITAL OR	STREET (H rurel give, location)
	INSTITUTION OR STREET ADDRESS FOR PI AUF	ADDRESS F QEI D
within	F 11 V 11 - F	L 1714 176 E.
	DECEASED	(Lest) 4. DATE (Month) (Day) (Yaar)
y the	(Type or Print) EIHEL ELIZHBEI	H DIGMAN DEATH 1/EC 19 10-55
regi by	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	F BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
\$.E	+ W. (Specify) Widow FEB.	12 1882 77 yrs. Months Days Hours Min
du-	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT
with filled mit.	retired) Housewixe	MARULAND COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
te be filed completely transit per	THEO DORE NASYEY	SUSAN (UNKNOWN)
ding	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. CIAL SECURITY NO.	17. INFORMANT & ADDRESS
10 0 <u>-</u>	(Yes, no, or unk.) (If Yes, give wer or dates of service)	Mrs, Norothyleator Enstru M.
artifica and c burial	18. MEDICAL CER	
8 2 4	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
death ysicial	IMMEDIATE CAUSE (A)	C.U.I).
physici use a	ANTECEDENT CAUSE(S) DUE TO	
for p	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	
m E	STATING UNDERLYING CAUSE LAST. DUE TO	
end chec	(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
quires that a attendii detached	TO THE DEATH BUT NOT RELATED TO THE	
red the be d	DISEASE OR CONDITION CAUSING DEATH, 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	
	(V. MINDE THE DILLEM TO THE DI	20 AUTOPSY? YES NO TO
a 3	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, QR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (Siete)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
X X X X	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21a, INJURY OCCURRED While Not white	21. HOW DID INJURY OCCUR?
5 ° E	M. at work at work	
ERAL DIRECTOR: ale has been exect certificate assembly is 10M	22. I hereby certify that I attended the deceased from	19.446, to 1.741.71 19.67 that I last saw the deceased
has tricate	alive on	3.2M, from the causes and on the date stated above.
Phi Hilling	SIGNATURE	ADDRESS (Street, city, lown, state) DATE BIGNED
NERAL ficate h h certifi 1-55 10M	M.D.	Laston Ind.
FUNERAL certificate ha death certificate to 15C 1-55 10M	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR (REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (State)
0.00 2	BURIAL. 14-71-JJ SPRINGHILL	LCeyetory Easton TOIRIT MD
5 × ×	24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS
	DATE 12/20/58 / JN. / lekal	MAURICE ELEUNAMINON FASTON Md
		MILLANGE & LOF OR WILLIAM MOND CHRICK INIC

BUREAU V. S.

DEC \$8 1955

BECEINED

STRUCTIONS

12391 CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Salfot MARYLAND	STATE Maryland COUNTY Caroline
CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR and give nearest lown) (in this place)	I TOWN I I
HOSPITAL OR 3 days 3 1	in presented
INSTITUTION OR	STREET (If rure) give location) ADDRESS
STREET ADDRESS Memorial Hospital	V
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Year)
(Type or Print) W. Noble	Dipple DEATH 12 19 1955
	TE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS
M White (Specily) married Ox	t 16, 1896 59 yrs. Months Days Hours Min.
106 USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	Maryland E 3 A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
This is a three of and	mary addie Totherohi
IS. WAS DECEASED EYER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO.	
(Yes, no, or unk.) (11 Yes, give wer or detes of service)	70.0
	The ma sikel
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL C	ERTIFICATION MITERVAL BETWEEN ONSET AND DEATH
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	S 6 -1 0
A JAMEDIATE CAUSE (A)	Therety Barret
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	Com - Vour V -
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
190. DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	20. AUTOPSY2 🗸
	YES NO
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or fown) (County) (Slete)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	1 21f. HOW DID INJURY OCCUR?
While Not while	ZII. HOW DID HOURT OCCOR!
M. al work L at work L	
22. I hereby certify that I attended the deceased from	6. , 1955, to 1950, that I last saw the deceased
alive on 19 19 and that death occurred	at 10.25 P.M., from the causes and on the date stated above.
signature/, 3,	ADDRÉSS (Street, city, town, state) DATE SIGNED
M.D.	5-7- 2
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY	OR CREMATORY LOCATION (City, town, or county) (State)
PREMOVAL (SPECIFY)	of and
Divide Malas S Herri	serve servensione, ma.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 12-22-55 Mil / leke N	1. E. Boulais Dreems Coro Mc

BUREAU V. S.

DECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

16092	CERTIFICATI	E OF DEATH	Reg.	Dist. No. 295
1. PLACE OF DEATH: COUNTY A De C CITY (If outside corporate limits, write OR and give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS Menun	RURAL LENGTH OF STAY (in this place)	2. USUAL RESIDENC STATE MA CONTROL OF TOWN STREET ADDRESS	S COUNTY De	AL and give nearest town)
M RACE WIDOV (Specify	OB KIND OF BUSINESS	11. BIRTHPLACE (State	4. DATE (Month) OF DEATH / / / GE isst birthday IF UNO Month yrs. e or foreign country)	Days Hours Min.
13. FATHER'S NAME: JOSCH JARKO 15. WAR DECEASED EVER IN U.S ARMEO FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.		Howel DDRESS:	(Chester ma)
I DISEASES OR CONDITIONS DIRECTLY IMMEDIATE CAUSE ANTECEDENT CAUSE (S: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO tract, (B) DUE TO (C)	ima 9 9a site befatel	stro-intesle umined	INTERVAL BETWEEN ONSET AND DEATH
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING 19A DATE OF OPERATION: 19B. MAJOR 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	O THE DEATH. R FINDINGS OF OPERATION 218. PLACE (Home, farm, fac	tory 21c WHERE DID	(City or town) (20. AUTOPSY? YES NO County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21g INJURY OCCURRED While Not while at work at work		/	
22. I hereby certify that I attended alive on 1997, and SIGNATURE 23. BURNAL, CREMATION DATE THER REMOVAL (SPECIFY) 12.98 DATE REC'D BY LOCAL REGISTRAR REGISTRARS	nd that death occurred at	1200	auses and on the d	12/2/SS

MAMGIN RESERVED FOR BINDING UNFADING INK. WITH PLEASE TYPE OR WRITE PLAINLY,

correct age is especially important. Physicians:

Supply every item of information carefully. The

please write the causes of death clearly and legibly.

VS. A15-10-53

S A MANIMA

Similar Constitution of the second of the se

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

12376

Reg. Dist. No. 290

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY TUENT	STATE Md COUNTY Talbat
	333.01	7. (3
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give nearest town) / (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
	TOWN PACTOR WIND	TOWN K
	72 103(61) 1110.	1003/han 11/0.
	HOSPITAL OR INSTITUTION OR RELIGION OF THE PROPERTY OF THE PRO	STREET (IF rurel give location)
	STREET ADDRESS PA TO DOMESTA	ADDRESS
	ALS THE CHIEF THE PROPERTY OF THE CONTRACT OF	
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey) (Yaer)
	DECEASED	of OF
	(Type or Print) Theodore	elkic DEATH 12-14-1959
	5. SEX 6. COLOR OR 7, SINGLE, MARRIED. 18. DATE OF	
	RACE 1 WIDOWED, DIVORCED, A	Months Days Hours Min
	Flace (Specify) March 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. / BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
	dona during most of working life, even if OR INDUSTRY	COUNTRY?
	retired) (Valenan)	Manual 1
	13. FATHER'S NAME	mayanc.
	D. FAIRER 3 NAME	14. MOTHER'S MAIDEN NAME
	La Time Starker	Henrietta, Brown
	13 WILLIAMS STELLING	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	(Yes, no, or unk.) (If Yes, give wer or detas of service)	King Watter Alter Stage
		The raile source
	18. MEDICAL CERT	TIFICATION INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	IMMEDIATE CAUSE (A) MUCCOCALO	2 / 1 / Var 1 2 - 36 W.
		of my said of the
	ANTECEDENT CAUSE(S) DUE TO	9- 1011
1	DISEASES OR CONDITIONS, IF ANY, (B) CINCENSELOST	ie (,0,0,
	GIVING RISE TO THE ABOVE CAUSE DUE TO	
	JIAING CHOIL LAST.	
	(C)	
	TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OF CONDITION CAUSING DEATH.	
	190, DATE OF OPERATION 1 195, MAJOR FINDINGS OF OPERATION	
	178, WATER OF STEAMON	20. AUTOPSY?
		YES 🔀 NO 🗌
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory,	1c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)
	OR CONTRIBUTING (CAUSE OF DEATH) OF INJURY street, office bidg., etc.)	
		RIF. HOW DID INJURY OCCUR?
	White Not white	ZIE. HOW DID INJURE OCCUR?
	M. at work at work	
		17 12 - 111 11
	22. I hereby certify that I attended the deceased from	1925, to 12 14, 1955, that I last saw the deceased
	alive on	
	SIGNATURE	///
10 M	BIQUE AND	ADDRESS (Street, city, town, state) DATE SIGNED
	I hught leter M.D. L	Merkacks med 12-14-00
1.55	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CORMATORY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
U	REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (State)
A15C	[· Comptier Some
	There I will be muan	
\S	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	12-17-58 /- NOIL	1 thought to the standard to be
	DATE & - 1-00 10-14 DECELLS &	LCV CONTROLLING IN TO THE TRUE OF THE



DI ACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 12394

12377

Reg. Dist. No. 2 9.0...

I. PEACE OF E	JEAIN				A. OBURE RESIDI	INCE (NOME) OF	DECCHAEL	•	
COUNTY Talbot			MARYL	AND	state Maryland county Talbot				
CITY (If outside corporala limits, write RURAL			LENGTH OF STAY		CITY (II outside cor	porate limits, write RURA	L and give near	(nwot ke	
OR and give nearest town) TOWN Haston			(In this piece) 25 vrs.		Town Easton, Laryland.				
HOSPITAL OR	120	25 0011	1 60	yrs.	STREET		give location)		
INSTITUTION OR					ADDRESS	(it rures	Bide locaupil		
STREET ADDRESS					Go:	ldsboro St	0		
3. NAME OF	(First)		(Middle)		(Lest)	4. DATE	Aonth)	(Dey)	(Yeer)
(Type or Print)	Willy	r H	lardeas	tle	Stevens	DEATH	Dec.	19,	1955
S. SEX 6	. COLOR OR	7. SINGLE, MAI	RRIED,	B. DATE O		9. AGE last birthday	IF UNDER	1 YEAR I	F UNDER 24 HR
Female	White	WIDOWED, I	ridowed	Nov	. 4, 1868	87 Y	Months .	Days	Hours Min.
100 USUAL OCCUPA	ATION (Give kind of	work 10b. I	CIND OF BUSINES	\$	11, BIRTHPLACE (Sleta or fo	reign country)	12,	CITIZEN	
retired) DC	st of working life, ev 1001 teac	her r	etired					U.S.	
13. FATHER'S NAME		1101	etired teacher Missippi.						
	B. Hardo	מבל ב			Alice Hatch				
			16 SOCIAL SEC	LIDITY NO					
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yas-no or unk.) (If Yas, give wer or dates of se		ates of service)	16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS						
110	,		none		Miss. Ha	ry Hardea	stle,	Eas:	ton.
'I DISEASES OR COL	MOITIONS DIRECTLY	EADING TO DEAT	10. MEI	DICAL CER	TIFICATION				AL BETWEEN
a Districts On COI	NOTIONS DIRECTLY	LEADING TO DEAT	0			f		UNSCI	AND DEATH
· Malwei	DIATE CAUSE	(A)	720	sock	flucion	Brance.		70	May P.
ANTECE DISEASES OR CONE	DELLI CHOSE(S)	(B)	leffer	Rend	ala le	Terra		76	ans
GIVING RISE TO TH	IE ABOVE CAUSE .		9/1	N	0 0000				
		(C)	lue.	ala	elli str			m.	2
II OTHER SIGNIFICAN			(101)		A= 1/0V	10.0		1	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				una	land art	rete		yes	
190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION							AUTOPSY?		
								YES [NO []
210. ACCIDENT WAS OR CONTRIBUTING [S UNDERLYING CAUSE OF DEATH COLOR (CAUSE)	21b. PLACE (Ho OF INJURY street	me, larm, factory , office bldg., etc	() 2	1c. WHERE DID INJURY OCC	UR? (City or town)	(Count	ty)	(Stete)
21d TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED			211. HOW DID INJURY OCCUR?						
				work					
	. 414 .1 . 1			11	1037-11	10 15	1		
					, 190 J, to				the decease
alive on	A-19, 1	9 <i>2</i> , ar	nd that death	occurred at.	6.53 CM, from the	causes and on the	date stated		
BIGNATURI	-0 -4	n	11	(ADI	DRESS (Street, city, I	own, state)	D/	ITE SIGNE
Illan	Run H	Sull		M.D. /	askan !	wary!	and	12	1951
23. BURIAL, CREMA	TION, DAT	E THEREOF	NAME OF	CEMETERY OR	CREMATORY	LOCATION City, to	own, or county)		(State)
REMOYAL (SPEC	tion 12	2/20/55	Fort	Linco	In Cremato	mar Wo	shingt	022	חמ
24. REC'D BY REGIST		STRAR'S SHATE		7 2 110 (25. FUNERAL DIRECTOR			ADDRESS	16.0
10/0	1000	Y/ 481.	nas	11.1	115440	2	an	1	11,1
DATE 1 04/19/	58 /	147	Jule	CO	6/14/11	Akil	xue	NN	1 nd

DEC 88 1302 DECENAED

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information cafefully. The

VS. A15-10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12378 12401 CERTIFICATE OF DEATH Reg. Dist. No. 290

			710. W T P G
3	1. PLACE OF DEATH:	. USUAL RESIDENCE (HOME) OF DECEASED	D:
legibly	COUNTY Talbot MARYLAND	STATE M.D. COUNTY + 2/1	ho +
le		CITY(If outside corporate limits, write RURAL a	nd give nearest town)
and	OR and give nearest town) YOWN TYADDE (in this place)	TOWN - FF3 DDP /	Rual:
	HOSPITAL OR	STREET /If rural give iocation)	11,001
clearly	INSTITUTION OR' STREET ADDRESS ROLLER TIZ	ADDRESS R+ IT 2	
	3. NAME OF (First) (Middle) / (Las	st) 4. DATE (Month) (I	Dayl (Year)
death	OECEASED: (Type or Print) ABY FALMS B. Tham	AS DEATH: 12	1955
de	5. SEX: 16. COLOR OR 17. SINGLE, MARRIED. 1 8. DATE OF		
0Į	TE AN 3 C CO (Specify): 6 10		aye Hours Min.
6.	10A. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS 11	I. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
causes	work done during most of working life. even if retired):		COUNTRY
	13. FATHER'S, NAME:	4. MOTHER'S MAIDEN NAME:	743,711
the	1 2 2 1	Mariarie Filalia	
write	15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 1	7. INFORMANT & ADDRESS:	h
	(Yes, no. or unk.) (If Yes, give war or dates	h. 0 - 1) 71)
please	18. MEDICAL CERTIFICATION	milear fromas	myser,"
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
	1 271	barren sin	
62 E	IMMEDIATE CAUSE (A)	Therma mu	-
cia	ANTECEDENT CAUSE (S)	V	
Physicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO		-
important.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
rta	TO THE DEATH BUT NOT RELATED TO THE		
odi	DISEASE OR CONDITION CAUSING DEATH.		
iii	I I I I I I I I I I I I I I I I I I I		YES NO
113	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory,	1 24- 1411000 010 1000	
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.		y) (State)
est	210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	
- FFE	at work at work		
00 00 00	22. I hereby certify that I attended the deceased from	7, 19, to, 19, that I last	saw the deceased
	alive on and that death occurred av /	M, from the causes and on the date :	
cmrrect	Louis Muchy 1128 M.D.	Canton 121 /2	E SIGNED
0			county) (State)
	Buriel 12/23/55 Richard	s Easten.	MD
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	23. FUNERAL DIRECTOR	ADDITE

MECENNEU .

Ser 88 Dec

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2395 CERTIFI

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Supply every item of information carefully.

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OR WRITE PLAINLY

TYPE

PLEASE

VS. A15-10-53

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

Reg. Dist. No. 290.

12595 CERTIFICATI	Reg. Dist. No. 290
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY 12/hol MARYLAND	STATE MAKING COUNTY 141/20
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside/corporate limits, write RURAL and give nearest town)
OR and give nearest town (in this place)	TOWN / CA 6 De
HOSPITAL OR	STREET (If rural give location)
STREET ADDRESS MEMORIAL HOSP.	ADDRESS
3. NAME OF (First) (Middle)	(Last) . (DATE (Month) (DAY) (Year)
(Type or Print) DA-15-1	0/1567 DEATH: 12 26 1937
5. SEX: 6. COLOR OR 7 SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED. (Specify): Wild and all the second	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 26 HRS. Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
even if retired): 4043241/t	MARIAN USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Alex Brummell	Clara Cleen
19, WAR DECEASED EVER IN U.S. ARNED FORCEST 16, SOCIAL SECURITY NO.	17) INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	Loster Wel son don't
18. MEDICAL CERTIFICAT	TION FIFTHE WIS INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) (Let	ral Mumbage
DUE TO	
ANTECEDENT CAUSE (S)	erselizati.
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State)
21b. TIME (Month) (Day) (Year) (Hour) 21g INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?
OF INJURY While at work at work	
22. I hereby coftify that I attended the deceased from	J., 1955, to /2/26, 195, that I last saw the deceased
alive on Matty, 1957, and that death occurred at	100
SIGNATURE A	ADDREPS DATE-SIGNED
elleter 1	1.0. Contin 30 Alee 1955
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or county) (State)
Payial IN29/1955 Trappe	Cemetery Trappe Nd.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR REGISTRAR REGISTRAR	Werkers H. Sellar he Comb Mod
139011	Contract of the second of the

BUREAU V. S.

BECENED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12396

CERTIFICATE OF DEATH

Reg. Dist. No. 290 ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Talloot MARYLAND	STATE Mary/and COUNTY
COUNTY (WO) MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITYIII outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	OR TOWN
HOSPITAL DR	Tenten e
99 STREET ADDRESS Memorial Hospital	STREET (If rural give location)
	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) James L	right Jr. DEATH: De. 28 1955
RACE: WIDOWED, DIVORCED. NOU.	9. AGE last birthddy 17 UNDER 1 YEAR IF UNDER 24 Mrs. 1922 BRTH: B. AGE last birthddy Months Days Hours Min.
work done during most of working life, even if retired):	Maraland (State or foreign country): 12. CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James L. Wright Sa	I Ida Timmons
IB. WAR DECEASED EVER IN U.S. AMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes. no, or unk.) (If Yes, give war or dates of service)	
18. MEDICAL CERTIFICAT	TON INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
420.1 Corn as	my orchision 4 hours.
MMEDIATE CAUSE (A) DUE TO	Thrus.
ANTECEDENT CAUSE (8)	√
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
OF INJURY OF INJURY M. 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Alex.	28 1955 to elle 1955 that I last saw the deserred
alive on . Alec 28 19 55, and that death occurred at	75AM, from the causes and on the date stated above.
SIGNATURE E Paul Kristlo	D. Denten md DATE SIGNED 12-30-53.
	ERY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 12-99.55	J. Virgil havor for Buton

MARGIN RESERVED FOR BINDING

correct age is especially important, Physicians: please write the causes of death clearly and legibly.

UNFADING INK.

PLEASE TYPE OR WRITE PLAINLY, WITH

Supply every item of information carefully. The

VS. A15-10-53

DECEIVED NAU

BUREAU V. S.